STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969511	**05/09/2019**
NAME OF PROVIDER OR SUPPLIER **WRIGHT MANOR LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2550 SANDLEWOOD CIR** **ORANGE PARK, FL 32065**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An announced initial licensure survey with emergency power plan monitoring was conducted at Wright Manor on 05/09/2019. The provider had no deficiencies at the time of the visit.